

# ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>16-JUN-2015</b>		2. ADDRESS OF OCCURRENCE <b>100 W ONTARIO ST CHICAGO, IL 60654</b>		3. LOCATION CODE <b>293</b>		4. BEAT/OCCUR <b>1832</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>SHAAR</b>		7. FIRST NAME <b>KHALED W</b>		8. STAR NO. <b>9039</b>	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>510</b>		12. HT. <b>190</b>	
13. DATE OF APPT <b>10-MAY-1999</b>		14. EMPLOYEE NO. <b>189</b>		15. UNIT & BEAT OF ASSIGNMENT <b>6226C</b>		16. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. LAST NAME <b>CLARKE</b>		20. FIRST NAME <b>TERRENCE</b>	
21. M.I. <b>GEORG</b>		22. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		23. RACE <b>WHI</b>		24. D.O.B. <b>15-NOV-1955</b>	
25. HT. <b>602</b>		26. WT. <b>220</b>		27. ADDRESS <b>CHICAGO, IL</b>		28. TELEPHONE NO.	
29. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT, HARASSMENT, BLUNT INSTRUMENT) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>NORTHWESTERN MEMORIAL HOSPITAL</b>	
33. BY WHOM? <b>720 ILCS 5.0/12-3.05-D-4</b>		34. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 06 Refused Medical Aid		35. CHARGES PLACED <b>720 ILCS 5.0/12-3.05-D-4</b>		36. DNA <input type="checkbox"/> DNA <input type="checkbox"/> CB NO. <b>19134150</b> R NO. <input type="checkbox"/> DNA	
37. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		38. ACTIVE RESISTER <input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		39. ASSAULTANT: ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		40. ASSAULTANT: BATTERY <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER	
41. ASSAULTANT: DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER		42. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER		43. OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		44. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER HANDCUFFS	
45. FIREARM <input type="checkbox"/> OTHER		46. ADDITIONAL INFORMATION					
47. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		48. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		49. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Good Artificial <input type="checkbox"/> 06 Poor Artificial		50. WEATHER CONDITIONS <b>RAIN</b>	
51. MAKE/MANUFACTURER		52. MODEL		53. BARREL LENGTH		54. CALIBER/GAUGE	
55. TASER CART ID NO.		56. WEAPON SERIAL NO. (Include Letters)		57. CHICAGO GUN REG. NO.		58. IL FIREARM OWNER ID. NO.	
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	
63. TOTAL NO. OF SHOTS MEMBER FIRED		64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
75. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
76. REPORTING MEMBER (Print Name) <b>SHAAR, KHALED W</b>		STAR/EMPLOYEE NO. <b>9039</b>		SIGNATURE <b>[Signature]</b>			
77. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
78. REVIEWING SUPERVISOR (Print Name) <b>MAMMOSER, CHARLES J</b>		STAR NO. <b>1863</b>		SIGNATURE <b>[Signature]</b>		DATE REVIEWED TIME <b>16-JUN-2015 05:58:01</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

74. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview because the subject is admitted to Northwestern Hospital.

75. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Reporting Lieutenant has determined that more investigation is required. CL#1075692 was obtained by Sgt. Mammoser #1863: Handcuffs inventoried by ET Beat 5814

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNG. 1075692 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SCHMEER, PAULA C

SIGNATURE

PC02619

DATE COMPLETED

TIME

16-JUN-2015 06:10:59

79. TOTAL TRF's THIS EVENT No.

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